

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	CB	51823101	
FORMALITY REVIEW	CB	0810101	
RESPONSE FORMALITY REVIEW	CB On Request	825 925	1028101 03-04-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	1/19/01
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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11/28/01
651
03/04/02

02/02
02/02